

CLAIMS ONLY						Application Number 10/694 579	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1		/		/			
2		/		/			
3		/		/			
4				/			
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48							
49							
50							
Total Indep	9		4				
Total Depend	6		12				
Total Claims	10		16				

BEST AVAILABLE COPY